

Exhibit 1

| Field Name | Field Type | Part 2 De-Identified | Notes |
|-------------------------|------------------|----------------------|--|
| Region | String | No | |
| Source | String | No | To reflect the specific health plan/PBM (e.g., MMO, CVS, ExpressMed), not "PG" for all claims produced by Plaintiffs |
| RecordKey | UniqueIdentifier | No | |
| PatientKey | UniqueIdentifier | No | |
| PolicyNumber | String | Yes | |
| DependentNumber | String | Yes | |
| PatientRelationship | String | No | |
| PatientSSN | String | Yes | |
| PatientFirstName | String | Yes | |
| PatientMiddleName | String | Yes | |
| PatientLastName | String | Yes | |
| PatientBirthDate | Date | Yes | |
| PatientBirthYear | String | No | |
| PatientGender | String | No | |
| PatientAddress1 | String | Yes | |
| PatientAddress2 | String | Yes | |
| PatientCity | String | No | |
| PatientState | String | No | |
| PatientZip | String | No | |
| ServiceProviderKey | UniqueIdentifier | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderNumber | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderName | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderType | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderAddress1 | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderAddress2 | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderCity | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderState | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ServiceProviderZipcode | String | No | Should reflect the servicing or treating provider, typically an individual physician |
| ProviderKey | UniqueIdentifier | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderNumber | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderName | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderType | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderAddress1 | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderAddress2 | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderCity | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderState | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ProviderZipcode | String | No | Currently reflects the billing or institutional provider for most or all claims |
| ClaimKey | UniqueIdentifier | No | |
| ClaimNumber | String | Yes | |
| ClaimSequenceNumber | String | No | |
| ClaimStatus | String | No | |

| | | | |
|----------------------------|--------|----|--|
| DateOfService | Date | No | |
| YearOfService | String | No | |
| DurationOfStay | String | No | |
| Inpatient | String | No | |
| ServiceType | String | No | |
| ServicePlace | String | No | |
| Units | String | No | |
| AdmittanceDiagnosis | String | No | |
| ICD_01 | String | No | |
| ICD_02 | String | No | |
| ICD_03 | String | No | |
| ICD_04 | String | No | |
| ICD_05 | String | No | |
| ICD_06 | String | No | |
| ICD_07 | String | No | |
| ICD_08 | String | No | |
| ICD_09 | String | No | |
| ICD_10 | String | No | |
| ICDIndicator | String | No | |
| CPT | String | No | |
| RevenueCode | String | No | |
| Description | String | No | Product information for medical claims involving prescription drugs. Corresponds to "43 Description" field on UB-04 form per https://provider.medmutual.com/pdf/NDCInst.pdf |
| ICDProc_01 | String | No | |
| ICDProc_02 | String | No | |
| ICDProc_03 | String | No | |
| ICDProc_04 | String | No | |
| ICDProc_05 | String | No | |
| ICDProc_06 | String | No | |
| DRGCode | String | No | |
| DRGCodeType | String | No | |
| DatePaid | Date | No | |
| YearPaid | String | No | |
| InsurancePlanPaidAmount | Money | No | |
| MemberResponsibilityAmount | Money | No | |
| TotalPaidAmount | Money | No | |
| OtherInsurerPaidAmount | Money | No | |
| ProviderBilledAmount | Money | No | |

| Field Name | Field Type | Part 2 De-Identified | Notes |
|---------------------|-------------------|----------------------|--|
| Region | String | No | |
| Source | String | No | To reflect the specific health plan/PBM (e.g., MMO, CVS, ExpressMed), not "PG" for all claims produced by Plaintiffs |
| RecordKey | UniquelIdentifier | No | |
| PatientKey | UniquelIdentifier | No | |
| PolicyNumber | String | Yes | |
| DependentNumber | String | Yes | |
| PatientRelationship | String | No | |
| PatientSSN | String | Yes | |
| PatientFirstName | String | Yes | |
| PatientMiddleName | String | Yes | |
| PatientLastName | String | Yes | |
| PatientBirthDate | Date | Yes | |
| PatientBirthYear | String | No | |
| PatientGender | String | No | |
| PatientAddress1 | String | Yes | |
| PatientAddress2 | String | Yes | |
| PatientCity | String | No | |
| PatientState | String | No | |
| PatientZip | String | No | |
| PrescriberKey | UniquelIdentifier | No | |
| PrescriberNumber | String | No | |
| PrescriberName | String | No | |
| PrescriberSpecialty | String | No | |
| PrescriberAddress1 | String | No | |
| PrescriberAddress2 | String | No | |
| PrescriberCity | String | No | |
| PrescriberState | String | No | |
| PrescriberZip | String | No | |
| PrescriberDEANumber | String | No | |
| PharmacyKey | UniquelIdentifier | No | |
| PharmacyNumber | String | No | |
| PharmacyName | String | No | |
| PharmacyAddress1 | String | No | |
| PharmacyAddress2 | String | No | |
| PharmacyCity | String | No | |
| PharmacyState | String | No | |
| PharmacyZip | String | No | |
| PharmacyNCPDPid | String | No | |
| PharmacyTaxID | String | No | |
| PharmacyChainID | String | No | |
| ClaimKey | UniquelIdentifier | No | |
| ClaimNumber | String | Yes | |
| ClaimSequenceNumber | String | No | |
| ClaimStatus | String | No | |
| RxNumber | String | Yes | |
| NewOrRefill | String | No | |
| FillNumber | String | No | |
| DateofPrescription | Date | No | |
| YearofPrescription | String | No | |
| DateofFill | Date | No | |
| YearOfFill | String | No | |
| DatePaid | Date | No | |
| YearPaid | String | No | |
| NationalDrugCode | String | No | |
| GPINumber | String | No | |
| DrugName | String | No | |
| DrugManufacturer | String | No | |
| DrugLabelName | String | No | |

| | | | |
|----------------------------|--------|----|--|
| DrugStrength | String | No | |
| DrugClass | String | No | |
| Quantity | String | No | |
| DaysSupply | String | No | |
| InsurancePlanPaidAmount | Money | No | |
| MemberResponsibilityAmount | Money | No | |
| TotalPaidAmount | Money | No | |
| PharmacyBilled/Charge/U&C | Money | No | |
| IngredientCost | Money | No | |
| DispensingFee | Money | No | |
| PaymentBasis | Money | No | |
| InsuranceAllowedAmount | Money | No | |
| OtherInsurerPaidAmount | Money | No | |